Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DHS - Cherokee Mental Health Institute					
ame of Department or Office (25) West Cedar Street Cherokee, Iowa 51012					
Mailing Address Cily,	Clly, State, Zip Code				
712 225 2594 Area Code & Telephone No.					
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE					
Katelyn Matheny					
Name					
Mailing Address (if different from above)	City, State, Zlp (if different from above)				
kmathen@dhs.state.ia.us Email Address	(1) (1) (1) (1) (1) (1) (1) (1)				
St. Paul's United Methodist Church Name 531 West Main Street Cherokee, Iowa 51012 Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional)	May 6, 2019 \$440.00 Date of Gift or Bequest Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark *0.00".				
Twenty-two bags of previously used adult clothing.					
Criteria to use this form:					
Receipt of any gift or bequest that is received by any department of the state	e or received by the Governor on behalf of the state.				
A-A					

Statement of Affirmation:

, Katelyn Matheny ____ affirm-that the gift or bequest reported above to accurate. I further offirm that the information concerning the denor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

